



# Seattle Police Department

## APPLICATION FOR BUSINESS ASSOCIATION PERMIT

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The applicant association must provide all of the information below to qualify for approval:

### **Information Required for Authorization**

1. **Members of Business Association.** Please set forth the corporate and "doing business as" names; tax identification numbers; description of all member businesses; business address and telephone number; and name, title, and phone numbers of primary contact person(s) for each member business; name, title, phone numbers of primary contact person(s) for association (the "signator").
  
2. **Location and Boundaries of Work.** Please set forth the addresses where the work is to be performed, and describe the geographical boundaries of the business association.
  
3. **Certificate of Incorporation.** Please attach a copy of the certificate of incorporation of the business association with tax identification number.
  
4. **Certification.**
  - No promises, inducements, or statements about the provision of police services or law enforcement activity have been made to the Association or individual members of the Association by the Seattle Police Department or individual members thereof.
  - If approved, the Association agrees to abide by the conditions set forth above and in the Memorandum of Agreement.
  - The Association understands that this approval may be revoked by the Department at any time.
  - This certifies that the signator has the authority to make the certification on behalf of the Association.
  - The information provided with this Application is true and accurate to the best of my knowledge and belief.
  - The Association agrees to provide immediate notification to the Department of any changes to its membership, principals, or locations and boundaries of work.

**X**

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*Signature of Association Representative*

*Date*

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## APPLICATION FOR BUSINESS ASSOCIATION PERMIT *Continued*

### Review of Chief of Police

I have reviewed the application of \_\_\_\_\_ for a Business Association Permit.

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The Application is approved subject to a signed agreement on the terms and conditions. *(No employee will be granted Secondary Employment permits to work for the Association until the agreement has been fully executed.)*

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The Application is not approved

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_